JUL 2 7 2003

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number STATE OF THE PARTY. fective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) 10/724.347 Application Number TRANSM November 26, 2003 Filing Date For FY 2005 Kimmo Henrik Uutela First Named Inventor Peguy JeanPierre **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2819 TOTAL AMOUNT OF PAYMENT (\$) \$380.00 Attorney Docket No. 2532-00340 METHOD OF PAYMENT (check all that apply) ✓ Check Credit Card None Money Order Other (please identify): Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP ✓ Deposit Account Deposit Account Number: 01.2000 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 200 Plant 100 300 160 150 80 Reissue 300 150 500 250 600 300 200 Provisional 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) - 20 \$50.00 24 4 \$200.00 ¥ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) \$0.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x \$0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Submission of an Information Disclosure Statement 1.17(p) \$180.00 SUBMITTED BY Registration No. Signature Telephone 414-271-7590 20.323

Name (Print/Type) Daniel D. Fetterley Date 07/25/2005 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

10/724,347

Applicant

Kimmo Henrik Uutela et al.

Filed

November 26, 2003

Title

Artifact removal From an Electric Signal

TC/A.U.

2819

Examiner

Peguy JeanPierre

Docket No. :

2532-00340

INFORMATION DISCLOSURE STATEMENT

Milwaukee, Wisconsin 53202

July 25, 2005

Commissioner for Patents Mail Stop - Fee P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant notes the references listed on the attached "Information Disclosure Statement By Applicant" PTO Form 1449. Copies of non-U.S. patents and/or non-patent documents are enclosed. The patent references were cited in a corresponding EP application. Also attached is applicant's correspondence with the European Patent Office discussing the references and amendments made to the European application. The concordance is in applicant's comments is understood to be D1 = EP 730,496; D2 = 6,041,250; D3 = WO 02/13689; and D4 = EP 470,264.

The Information Disclosure Statement is also accompanied by a check in the amount \$180.00 as required by 37 C.F.R. §1.97(c) and 1.17(p). The Commissioner is hereby authorized to charge any additional fees in this application under 37 C.F.R. § 1.16 and 1.17 to Deposit Account No. 01.2000.

It is requested that these references be considered and be made of record in

Appln. No. 10/724,347 IDS dated July 25, 2005 Reply to Office Action of March 23, 2005

this application.



Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

Daniel D. Fetterley (Reg. No. 20,323)

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - Amendment-Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the **254** day of July, 2005.

Daniel D. Fetterley	20,323
Name	Reg. No.
Damel D. Fettetta	7/25/05
Signature	Date



Sheet

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT
(use as many sheets as necessary)

Group

not considered. Include copy of this form with next communication to client.

of

Complete if Known		
Application Number	10/724,347	
Filing Date	November 26, 2003	
First Named Inventor	Kimmo Henrik Uutela et al.	
Group Art Unit	2819	
Examiner Name	Peguy JeanPierre	
Attorney Docket number	2532-00340	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No:	Document Number Number-Kind Code	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-6,041,250	03/21/2000	DePinto	
		US-5,365,428	11/15/1994	Kinghorn et al.	
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FOREIGN PATENT DOCUMENTS					
Examiner Initials	Cite No:	Foreign Patent Document Country Code Number-Kind Code	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		EP-0 738 496	10/23/1996	Aspect Medical Systems, Inc.	
		WO-02/13689	02/21/2002	The Regents of the University of California	
		EP-0 470 764	02/12/1992	General Electric Company	

Examiner Signature		Date Considered			
Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and					

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Substitute for form 1449A/				Application Number	10/724,347
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Filing Date	November 26, 2003
				First Named Inventor	Kimmo Henrik Uutela
				Group Art Unit	2819
				Examiner Name	Peguy JeanPierre
Sheet	2	of	2	Attorney Docket number	2532-00340

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	2	
		European Search Report 11/10/2003. Applicant's communication to EPO. Amended European application		
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Examiner		Date		
Signature		Considered		
*Examiner: not conside	Initial if re red. Includ	eference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance a le copy of this form with next communication to client.	and	